**CONSENT FOR EMERGENCY TRANSPORTATION AND MEDICAL CARE**

This authorizes BECCC to transport or authorize emergency transportation and gives permission to medical or hospital personnel to provide emergency medical for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if I cannot be contacted immediately. (Name of child)

I understand that a conscientious effort will be made to locate me, my child’s other parent or guardian, or emergency contact before any action is taken. I understand my obligation to keep my childcare informed of my whereabouts. I will assume the cost of necessary medical or surgical care including emergency transportation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_